



LOS ANGELES COUNTY COMMISSION ON HIV

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EXECUTIVE COMMITTEE MEETING MINUTES

January 27, 2014

Approved
12/11/2014

MEMBERS PRESENT	MEMBERS PRESENT, CONT.	PUBLIC	COMM STAFF/ CONSULTANTS
Michael Johnson, Esq, <i>Co-Chair</i> / Kevin James Donnelly	Ted Liso	Dahlia Ferlito, MPH	Diane Burbie
	Mario Pérez, MPH	David Kelly, MBA, JD	Jane Nachazel
Ricky Rosales, <i>Co-Chair</i>	Jill Rotenberg	Monique Tula	James Stewart
Al Ballesteros, MBA	Terry Smith, MPA		Craig Vincent-Jones, MHA
Aaron Fox, MPM	Fariba Younai, DDS		
Grissel Granados, MSW		DHSP STAFF	
Joseph Green		None	
AJ King, MPH	MEMBERS ABSENT		
Bradley Land	Richard Zaldivar		

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Executive Committee Meeting Agenda, 1/27/2014
- 2) **Minutes:** Executive Committee Meeting Minutes, 4/30/2012
- 3) **Minutes:** Executive Committee Meeting Minutes, 6/25/2012
- 4) **Minutes:** Executive Committee Meeting Minutes, 11/25/2013
- 5) **Policy/Procedure:** #06.1000: Bylaws of the Los Angeles Commission on HIV, *Approved, 12/12/2013*
- 6) **Survey:** Perspectives, 1/27/2014
- 7) **Table:** Terminology, Definition, Notes, 1/27/2013

1. **CALL TO ORDER:** Mr. Rosales called the meeting to order at 1:15 pm.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 4/30/2012, 6/25/2012 and 11/25/2013 Executive Committee Meeting minutes, as presented (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **CO-CHAIRS' REPORT:**
 - A. **Committee Work Plans:** Committees should focus on developing frameworks. Plans need not be as detailed as in the past.
 - B. **Organizational Mission/Paradigms/Operating Values:** There was no additional discussion.
 - C. **Change of Executive Committee Meeting Time:** ➡ Change Operations, 10:00 am to 1:00 pm; Executive, 2:00 to 4:00 pm.
7. **ORGANIZATIONAL DEVELOPMENT: "CREATING A NEW NORMAL":**

Executive Committee Meeting Minutes

January 27, 2014

Page 2 of 6

- Ms. Burbie thanked participants for their prior work and asked them each to identify one desired outcome from that day's work. Responses were: complete agenda, clear values, road map, common language, clear path forward, consensus on a plan, know what new normal will be, path toward commonly shared messaging and expression to present to the Commission, form basic building block of trust for where we each come from and how we engage with each other, road map with specific steps and outcomes, trust and respect, division of labor. Several wanted a product for the Commission.
- Ms. Burbie noted consensus around a shared plan of action road map that can be communicated in a clear, effective and innovative way to the Commission as a whole and contributes to efforts that increase the levels of respect and trust.
- This is the third, and possibly last, meeting for this group. Some shared work remains pertaining to the Commission. More intimate work pertains to Executive. These are separate subjects, but began to bleed together at the last meeting.
- Messrs. Green, Johnson and Rosales developed definitions of core values highlighted at the last meeting. Mr. Fox reviewed them and added notes. The next step is prioritization for presentation to and consensus from the Commission.
- Ms. Burbie noted two types of values. Some values guide the actual work and decision-making of the Commission. Others define the terms of engagement as commissioners during the process. Some values presented serve both purposes.
- The group prioritized core values, terms of engagement with each other, from one to three with three the highest priority.
- Total scores were: mission driven, 48; integrity, 46; respect, 45; effectiveness, 45; meaningful engagement, 44; transparency, 43; action, 41; trust, 39; accountability, 38; development, 35; compassion, 35; efficiency, 35; self-management, 34; empathy, 32; dignity, 32; authenticity, 30.
- Ms. Burbie recommended selecting the top five to seven core values to take to the Commission for a manageable list.
- Mr. Stewart felt transparency was redundant since the Brown Act requires it. He also questioned the value of effectiveness as, "Producing outcomes that are desired." With approximately 52 commissioners, there will be 52 definitions of "desired."
- Ms. Burbie noted "transparency" can be seen both as an operating value and personal transparency. She felt "effectiveness" is broader than values pertaining to terms of engagement.
- Ms. Ferlito said higher rated items seem more oriented to operations rather than interaction among commissioners. Ms. Burbie commented some people feel human-centered qualities drive a culture, but others believe a well structured environment will manage the behavior of those engaged in it. Both arrive at the same point through different approaches.
- Mr. Land said the Commission makes decisions for the community. Commissioners hold seats representing aspects of the overall community whether consumers or provides. He felt trust is built through taking actions to meet that responsibility.
- Mr. Smith felt the humanistic aspect of engagement is driven by structure. Mr. Stewart added adopting Robert's Rules of Order provided the structure that has facilitated the existence of the rest of the values.
- Mr. Johnson noted one-third of commissioners are consumers. He would not want to present a terms of engagement list to the public, the Board and our consumers in which values such as compassion are not central to how we treat each other.
- Mr. Ballesteros said he can see and feel whether or not respect is present in interactions or if compassion is present, but it hard to see or feel if someone is mission driven. It is too ambiguous. What "mission" means to people may differ. He felt the list too mixed. Selected values should be values that people can measure for themselves and others around the table.
- Mr. Fox agreed values should be measurable so people can be held accountable. No one can be forced to be compassionate. It is part of his or her character or not. He recommended terms of engagement values of meaningful engagement, respect and integrity; and decision-making values of mission driven, effectiveness and transparency.
- Ms. Ferlito stressed humanistic values need to be reflected in some way. Not everyone is familiar with Robert's Rules of Order. They provide a structure to reach out, but a culture of compassion and inclusion are needed to actually reach others.
- Ms. Tula felt all of these are valuable. She was comfortable with alphabetizing them. Some may resonate more with some people while other values will touch others. She did not feel time was well used in trying to discriminate among them.
- Ms. Burbie felt the key was not to determine which values were most important. This discussion exemplifies the dichotomy between the two approaches of human focused or structure focused paradigms to reach the same goal. She felt it imperative to find common ground, regardless of the length of the list, before taking it to the Commission.
- Her question was why "mission driven" rose to the top of the list. Discussing that can develop the group's ability to explain the result among themselves so it can eventually be explained to the Commission. Mr. Rosales said he was very much about the structure and felt that value supported it. Mr. Smith felt if people understand the mission it is easier to accomplish it.
- It was suggested definitions could be expanded to encompass interrelated values. Ms. Burbie felt everything could be built into definitions to reflect the breadth of the group's thoughts. Mr. King added exact wording is not necessary.
- Ms. Burbie reiterated there are two sets of values: terms of engagement and operating values. She asked if this group also wanted to work on the operating values which provide the lens for accomplishing the work. Existing Commission and Prevention Planning Committee operating values are quality, beneficence, representation and access.

Executive Committee Meeting Minutes

January 27, 2014

Page 3 of 6

- Mr. Fox felt all commissioners should be able to offer their opinions about terms of engagement and operating values, but he urged presenting a small list as the result of Executive work. Discussion of a long list would not be manageable.
- Mr. Land agreed and suggested presenting the first five, but Rosales noted the earlier recommendation was to pull out the structure oriented values and expand their definitions in the work group.
- There was discussion on whether to combine the sets of values. Mr. Stewart said operating values pertain to the work itself while terms of engagement can be seen as a subset of values to ensure personal interactions necessary to do the work.
- Ms. Burbie felt the body was stuck on this issue which remains a micro-piece of the whole. Desired outcomes for this process include multiple areas. This piece pertains to relationship building, but there are also commissioner development, meeting logistics, integrating thought processes across the HIV continuum, meaningful engagement with people, relationships and roles with staff. She felt the terms of engagement with refined definitions will be ready to roll out.
- Operating values are important both for decision-making and commissioner orientation. She felt they are necessary and valuable so that commissioners understand them and can engage deeply with shared ownership.
- Mr. Rosales agreed the group was stuck. He urged sending values to the work group, as determined, then reviewing work.
- Mr. King suggested terms of engagement can be grouped under three phrases: We treat each other with ____; Our work is ____; and Our structure allows for ____.
- Mr. Ballesteros expressed concern new people may be overwhelmed. Ms. Burbie said this is good work that will help new commissioners understand not only the work, but the spirit of how commissioners operate with each other.
- She raised the related issue of work plans. Information is an element of safety building for many people. Some commissioners considered work plans an unspoken assumption since they were used before, but others did not know that. She asked about the process of communicating the role of work plans to the body apart from their actual development.
- Mr. Johnson said co-chairs can explain to their committees that each committee develops its own work plan and then brings it back to the body so all understand the process. The Executive Committee can facilitate pieces of the process.
- Mr. Liso noted work plans used to be reviewed regularly. He felt the process improves the comfort level by clarifying reasons for various activities. Ms. Burbie agreed that people are more confident if they know there are values and a plan.
- Mr. Land was concerned that there were many silent people at the table. He felt that applied not just to work plans, but to other areas, e.g., the definitions of need and unmet need. Many need to know basics.
- Ms. Burbie said this is a work in progress. It is important for people to not only hear, but experience and see that the Executive Committee, as leadership, is making an authentic effort to walk the talk. It was her observation that the next team-building activity needs to be robust and speak the unspoken elements that can be barriers in the dynamic to begin chipping away at them. She suggested the perspectives activity in the packet. It is grounded in every voice having value.
- The work sheet lists nine elements important to people when engaging in conversations. Attendees ranked them.
- Ms. Burbie noted this exercise relates to core values. For example, several wanted others to have a clear understanding of what they said or wanted to be able to fully express thoughts without interruption. Those elements share a grounded, logic-based approach to communication. People who prioritize them want to discuss subjects in a focused, efficient matter. In communicating with them, it is most effective to confirm what was understood and be open to answering questions.
- Those who prioritize not being criticized, judged or attacked value sincerity, expect consistency and have a low tolerance for hypocrisy. They may be vocal or not but, when situations occur, situations reflect a clash of persons not ideas.
- Those who want to be able to complete their thoughts may not contribute if they are interrupted. Often people interpret being interrupted to mean that their thoughts are not valuable. People are often lost to a group in that way.
- Those who prioritize being given an equal opportunity to express their opinions value justice and fairness for all. They want agreed upon rules to be both clearly communicated and honored.
- Those who prioritize knowing their input will be taken into consideration value a genuine process. They do not want to be placated or patronized and are frustrated by efforts that just go through the motions. It is important not to roll out subjects without asking for input, not use input or have made decisions in advance. Adjust processes to honor and use input.
- Those who prioritize having a variety of perspectives are sometimes seen as uncertain and ineffective. In fact, they usually have a clear opinion, but can be persuaded if someone truly has new information.
- Having others agree with what I say is nearly always ranked as one of the three lowest elements. Generally conflict is not due to differences in content, but due to differences in how people feel and are treated when there is disagreement. She recommended this exercise Commission-wide because people will stay engaged if they feel honored.
- Revise definitions per Mr. Smith's recommendations as follows: integrity, add reference to ethics/ethical behavior; trust, clarify motives as "well-meaning"; self-management, add reference to personal responsibility.
- The original work group will develop expanded definitions of the terms of engagement values, group them under Mr. King's three phrases and add operating values of quality, beneficence, representation and access.

Executive Committee Meeting Minutes

January 27, 2014

Page 4 of 6

- ➡ Completed core values will be rolled out to committees with a motion. Committee members will be asked which one value would make the most difference to them as commissioners. Feedback will be returned to the Executive Committee which will prepare a motion to forward to the Commission for approval.
- ➡ Ms. Burbie will summarize other elements identified. Other aspects of the process will be addressed after values roll out.
- ➡ Committee co-chairs will review the process of developing a work plan with their committees, that a work plan will be created and how the work plan will help in accomplishing necessary work.

8. **EXECUTIVE DIRECTOR'S REPORT:** This item was postponed.

9. **STANDING COMMITTEE REPORTS:**

A. **Operations:**

- Mr. King noted discussion on the still unresolved matter of which Commission Co-Chair will serve the one-year and which the two-year term. Operations recommends the Executive Committee resolve the matter if the Co-Chairs do not.
- Mr. Stewart said the matter does not have to be resolved until July when nominations open for the one-year term.
- Mr. Johnson said the original vote was for the slate of Co-Chairs. He and Mr. Rosales were to decide who would serve which term. They have discussed it, but have not come to a conclusion. Both seek two years.
- Mr. Stewart said options are an arbitrary method such as flipping a coin or a vote of the Executive Committee. The full body could also vote, but that is inadvisable since the original vote was for the slate with the Co-Chairs deciding their terms. The vote might have been different if candidates were voted for specific terms.
- Mr. Smith felt leadership should be intentional so was opposed to an arbitrary method.
- Mr. Rosales said he is new to the Commission so is still learning its process, the work it has done over the past decade and the work it is transitioning into now. He felt it would take longer than one year to reach his peak effectiveness.
- Mr. Johnson said his first election was contested, but he was passionate about health care reform including combining prevention and care. The one remaining transition is into managed care and how care, prevention and STDs fit into it. He has a background in managed care so feels he can be effective in that conversation especially to ensure prevention is included which is not now the case. He expects it will take two years to do that. He then plans to leave leadership.
- He stressed that he and Mr. Rosales are not in conflict. They just have different perspectives on this matter.
- Ms. Tula asked why both do not serve two years. Mr. Vincent-Jones said Bylaws define staggered terms. This was the means defined to achieve that. Mr. Stewart added it is the normative way to achieve staggered terms for a new body.
- Mr. King asked if Mr. Johnson could achieve his goals via a task force. Mr. Johnson said he first ran because he felt the body was not addressing health care reform. He could address it via a task force, but dialogue with Board Offices and health plans is essential as the Commission has no authority per se. The Co-Chair position carries more weight.
- Mr. Smith asked about HIV+ people who are not in care. Mr. Rosales said that is a key reason why we are here. We are trying to integrate three different areas of HIV care and prevention. He felt details on how to bring them into care fall under SBP. Mr. Johnson added his concern with managed care is for the Commission to be a community voice advocating for testing and bringing people into care by maximizing this new payer source.

MOTION #4A: Approve Ricky Rosales for 18-month Co-Chair term (**Rosales**, Ballesteros, Green, Johnson, Land, Liso, Younai; **Johnson**, Fox, Granados, King, Smith, Rosales).

1. **Membership Changes:** Mr. King reported Operations recommends: Miguel Martinez to assume the seat recently vacated by Anthony Gutierrez; Michael Johnson for the Board Office District 4 seat; and Kevin Donnelly to assume the SPA 4 unaffiliated consumer seat being vacated by Mr. Johnson.
2. **Policies and Procedures:** Mr. King reported Operations approved revisions to several policies/procedures including: Federal Conflicts of Interest, State Conflicts of Interest, Compensation for Unaffiliated Consumer Commission Members; and Reimbursable Commission Expenses.
3. **Job Description/Duty Statements:** Operations has not yet addressed this subject.

B. **Planning, Priorities and Allocations (PP&A):**

1. **FY 2014 Allocations Modifications:**

- Mr. Land reported PP&A met 1/21/2014. Discussion was rich and some modifications were made, but it was discovered in the process that some calculations were inaccurate. PP&A will meet again 1/28/2013.
- A key challenge is the many moving parts in the system now. The new Ambulatory Outpatient Medical Fee-For-Service rates, for example, are higher than previous cost reimbursement averages. Rates did need to be higher to

provide adequate services, but that is happening at a time of funding cuts. Some savings had been expected due to migration out of the system with implementation of ACA, but higher rates will absorb savings.

2. **FY 2015 Priority- and Allocation-Setting:** There was no report.

3. **Re-Designing LACHNA:** The LACHNA Work Group met for preliminary talks on the new scope. Work continues.

C. Public Policy:

1. **Affordable Care Act (ACA) Implementation:**

- Mr. Fox reported about 500,000 people statewide have enrolled in Medi-Cal and another 500,000 have enrolled in Covered California. There do not seem to be any systemic problems with the transition of people from Healthy Way LA to Medi-Cal. The Los Angeles Gay and Lesbian Center can help if there are clients with problems.
- Ryan White clients are also transitioning into Covered California, but it is not mandated. One of the Public Policy Committee goals this year is to advocate for full wrap-around coverage of out-of-pocket costs in the budget. Currently, PLWH transitioning to Covered California are only eligible for payment of their premiums and co-payments for medications on the ADAP formulary.
- Mr. Land had heard rumors about expanding Medicaid to include the undocumented. Mr. Fox said a bill had been drafted that would create a Medi-Cal-like program and a parallel marketplace for the undocumented and uninsured. He felt the bill was a starting place to keep the discussion going. Cost estimates are approximately \$1 billion so there is no chance of the Governor signing such a bill now.

2. **Governor's Proposed Budget 2014-2015:**

- The Governor's budget has been released. There has been no restoration of any of the \$82 million cut in 2009. There is no General Fund support for HIV services aside from Medi-Cal.
- Public Policy has not proposed budget asks in approximately five years. California's financial position has improved so asks are being considered this year for PEP, PrEP, syringe access and testing. He and Luke Klipp spoke with the Speaker's Office the previous Friday. She was positive about asks and probably getting a little bit.

3. **Los Angeles City Ballot Initiatives:**

- Mr. Fox reported a City initiative that would require the City to establish a health department was thrown out by a judge because it conflicts with State law. A second initiative would establish a citizens' commission on health services and to review funding within the City. City Counsel has taken a position against it.
- There is also a possible State ballot initiative to repeal SB 1266 which allows transgender students to use the restroom facilities of their preference and play on sports teams of their preferred sex. Initiative signatures are now being reviewed by the Secretary of State. A group convened two weeks ago to begin planning opposition to the initiative in the event it is approved for the ballot.

D. Standards and Best Practices (SBP) Committee:

1. **LA County Continuum of HIV Services:**

- Mr. Vincent-Jones noted common usage is "Continuum of Care." SBP is attempting to change the approach, but may have to move the discussion incrementally, e.g., by using "Continuum of Care and HIV Services."
- ➡ SBP will bring the diagram for the new Continuum of HIV Services to the next Executive Committee.

2. **Social Determinants Framework:**

- Ms. Granados reported work has begun and will continue at the next meeting. Dr. Younai added SBP is considering how to look at factors that impact keeping people engaged in care and identifying what puts people at risk. Dr. Anderson created a framework that SBP is adapting. SBP hopes to present on work by March.
- Standards of care will be more effective and easier to use if social determinants can be identified.
- ➡ SBP will report back on how standards affect rates at the next Executive Committee.

3. **Population-Specific Guidelines:** The format is expected to be ready by March 2014.

10. DIVISION OF HIV/STD PROGRAMS (DHSP) REPORT:

- Mr. Pérez said DHSP has been reviewing how best to partner with the new Commission. He will make a strong effort to attend Executive meetings. There is a conflict with a standing Department of Public Health Executive meeting that ends sometime after 1:00 pm so requested the time be moved back slightly to facilitate his attendance.
- He will also join the PP&A Committee to provide a broad system-wide perspective of today's many moving parts. Carlos Vega-Matos will represent DHSP on the SBP Committee and Kyle Baker on the Public Policy Committee.
- He reported HRSA has re-interpreted law to consider rent, lease and utilities as administrative expenses. DHSP has stated its disagreement to its project officer and several local partners are discussing the matter in Washington. Nevertheless, a

Executive Committee Meeting Minutes

January 27, 2014

Page 6 of 6

letter was sent to providers on HRSA's interpretation. A second letter will remind them that DHSP must adjust budgets. HRSA could claw back funds if it audited DHSP and found a provider exceeded the 10% administrative cap.

- DHSP just received its Notice of Grant Award for Year 24 starting 3/1/2014. It is exactly 25% of the Year 23 award for Part A and Minority AIDS Initiative combined. It is approximately \$10.9 million. He recommended not reading too much into the award. It appears to be HRSA's way of saying this is a down payment commensurate with last year. Similarly, Notice of Grant Awards for HIV prevention and STDs received no significant cuts. Mr. Pérez cautioned there may be cuts later.
 - Mr. Vincent-Jones asked how HRSA is now viewing "hold harmless." Mr. Pérez said there was a provision in the original Ryan White law to protect jurisdictions from precipitous drops in funding. Original calculations for the then 16 jurisdictions were based on living cases of HIV and AIDS deaths. Early jurisdictions such as San Francisco built major systems to address PLWH. "Hold harmless" protected systems built with Ryan White funds from collapse should living cases decline quickly.
 - Decreases to awards were held to 2% and eventually 3% year-over-year to keep systems stable. That clause had a huge impact in stabilizing systems as the total Ryan White award across the country shrank.
 - The amount of resources available for other parts of the country became less, however, even as the epidemic changed. For example, there was a burgeoning epidemic in the South, but HRSA had first to allocate resources countrywide and then keep jurisdictions such as San Francisco harmless before allocating whatever was left to new areas of epidemic growth.
 - The County has always maintained funding should follow the client. As regrettable as early deaths from AIDS were, they should not continue to be counted to determine future funding. The advocacy community coalesced around eliminating "hold harmless" in the last requisition and it is now essentially gone.
 - A couple of things have happened, however, in the last two years. Douglas Morgan, HRSA, HIV AIDS Bureau, was the person behind calculating the formula for supplemental awards to jurisdictions. He and Dr. Gunther Freehill held the highest expertise and acumen to determine appropriate funding levels. Both have passed away.
 - Questions have since been raised about HRSA's ability to calculate awards accurately. It has said last year's County funding should have been flat-funded rather than a cut. San Francisco and New York have now begun discussing "hold harmless" again, made some appeals to elected officials to revive it and asked for the County's position. The County has relayed its historic position that funding should follow need. Concurrently, the AIDS Institute is conducting separate analyses of funding by jurisdiction. Mr. Baker will be reviewing their analyses in the near future.
 - Mr. Land suggested a Freedom Of Information Act (FOIA) request on the awards calculation. Mr. Pérez replied that HRSA has apparently identified and corrected the source of last year's problem though there is no way to corroborate that.
 - Mr. Fox asked if award calculations account for the cost of living in jurisdictions. Mr. Pérez said the County has advocated for HRSA to use the Severity Of Need Index which includes the proportion of those with HIV or AIDS, client acuity, cost of living and other factors. He felt a key issue for HRSA in adopting it has been the lack of comparable data across jurisdictions.
 - Mr. Kelly asked about the cause of the calculation error for the County's award and if prior "hold harmless" calculations may have played a role in the decision to cut last year. Mr. Pérez said not all jurisdiction awards had errors, but several did. "Hold harmless" calculations varied over the years so did not present a set standard when it was in effect.
 - The County advocates for Congress to increase the Ryan White appropriation commensurate with the prevalence of HIV. That would make "hold harmless" less of an issue. DHSP advocates for transparency in calculation of awards, basing awards on living HIV cases and cost effective services. It also advocates for application review panels with sufficient expertise, e.g., one year the County had to explain to the panel that Service Planning Areas (SPAs) were not recreational spas.
- ➡ Mr. Vincent-Jones will provide Mr. Pérez with HRSA award formula information obtained from a prior FOIA request.

11. TASK FORCE REPORTS: This item was postponed.

12. CAUCUS REPORTS: This item was postponed.

13. EXECUTIVE COMMITTEE EXECUTIVE SESSION: PERSONNEL MATTERS (*closed to the public*): The Brown Act includes exceptions to open meetings for matters pertaining to litigation and personnel. Consequently, all public and staff except for the Executive Director left the room and the tape was turned off. No minutes were taken or will be reported for this part of the meeting.

14. NEXT STEPS: There was no additional discussion.

15. ANNOUNCEMENTS: There were no announcements.

16. ADJOURNMENT: The meeting adjourned at 4:15 pm.